

CITY OF WARRENVILLE, ILLINOIS

LOCAL MOTOR FUEL TAX RETURN

BUSINESS NAME: _____

LOCAL ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____

CORPORATE NAME: _____

RETURN FILING
PERIOD: FROM: _____ TO _____

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed. All returns must be filed on or before the last day of the calendar month following the month of collection.

TAX PAYER NAME AND TITLE: _____

PREPARERS SIGNATURE AND PHONE NUMBER

TOTAL GROSS GALLONS SOLD *		1)	_____
LOCAL MOTOR FUEL TAX	(Line 1 x \$0.04)	2)	_____
LATE PENALTY (IF APPLICABLE)	(Line 2 x 1% per Month)	3)	_____
TOTAL LOCAL MOTOR FUEL TAX & CHARGES DUE	(ADD LINES 2 AND 3)	4)	_____

*** Attach a copy of your supporting State of Illinois Sales Tax Return(s) verifying gallons sold.**

MAKE CHECKS PAYABLE TO: CITY OF WARRENVILLE

MAIL TO: CITY OF WARRENVILLE
FINANCE DEPARTMENT
3S258 MANNING AVE
WARRENVILLE, IL 60555-2912

TAXPAYER QUESTIONS CALL (630) 393-9427

ADDITIONAL FORMS AVAILABLE AT www.warrenville.il.us